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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1

of 2

<i>Complete if Known</i>	
Application Number	09/489,161
Filing Date	1/21/2000
First Named Inventor	Schanze
Art Unit	
Examiner Name	
Attorney Docket Number	041470-1

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Examiner Signature		Date Considered	
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				Examiner Name	
Sheet	2	of	2	Attorney Docket Number 041470-L	

OTHER PRIOR ART-NON PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	10/14/03
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*EXAMINER: Initial if ~~reference~~ considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.
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